

Respondent's Name:

Telephone:

Address:

**THE STATE BAR COURT
OF THE STATE BAR OF CALIFORNIA
HEARING DEPARTMENT - ☐ LOS ANGELES ☐ SAN FRANCISCO**

In the Matter of

Bar Number:

A Member of the State Bar.

CASE NO.

**FINANCIAL DECLARATION IN SUPPORT OF
MOTION FOR RELIEF FROM OR EXTENSION
OF TIME TO PAY DISCIPLINARY COSTS**

The undersigned submits the following financial declaration in support of his/her motion for relief from or extension of time within which to pay the disciplinary costs assessed in the above-entitled proceedings:

1. ☐ I am currently receiving financial assistance under one or more of the following programs:
- a. ☐ **SSI or SSP:** The Supplemental Security Income or State Supplemental Payments Programs
 - b. ☐ **AFDC:** The Aid to Families with Dependent Children Program
 - c. ☐ **Food Stamps:** The Food Stamps Program
 - d. ☐ **County Relief, General Relief or General Assistance**

IF YOU ARE CURRENTLY RECEIVING FINANCIAL ASSISTANCE UNDER ONE OR MORE OF THE PROGRAMS LISTED IN 1, DO NOT COMPLETE THE REMAINDER OF THE FORM. PLEASE DATE AND SIGN THE FORM ON PAGE 4.

2. Are you presently both entitled to practice law and practicing law in the State of California or any other jurisdiction?

☐ Yes

☐ No

3. I am presently employed or self-employed. ☐ Yes ☐ No

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4. If the answer to **3** is Yes, the name, address and telephone number of my employer is:

Employer: _____

Address: _____

Telephone: _____

5. My monthly income:

a. My gross monthly pay is **[state average gross monthly receipts if self-employed]**:
\$ _____

b. My payroll deductions are **[specify purpose and amount]**:

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

(4) _____ \$ _____

My total payroll deduction amount is: \$ _____

c. My monthly take-home pay [or average receipts less above deductions if self-employed]:
\$ _____

d. The take-home pay [or average receipts less deductions, if self-employed] of my spouse and/or other persons living with me who contribute to the expense in **6** is:

(1) _____ \$ _____

(2) _____ \$ _____

e. Other money I receive each month, or which I received within the preceding 90 days, **[specify source and amount]**:

(1) _____ \$ _____

(2) _____ \$ _____

f. **MY TOTAL MONTHLY INCOME IS [state average monthly receipts less the above deductions if self-employed]:** \$ _____

g. The number of people in my family, including me, supported by this income is **[list below the name, age and relationship of all dependents]**:

(1) _____

(2) _____

(3) _____

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- h. During the 90-day period preceding or following the date of this declaration, I have received or anticipate receiving the following funds or property not otherwise identified above **[include any tax refunds, gifts, grants, inheritances, etc.]**:

(1) _____ \$ _____
(2) _____ \$ _____

6. My monthly expenses are:

- a. Office Overhead, if applicable **[itemize on separate attachment]**
b. Rent or house payment and maintenance \$ _____
c. Food and household supplies \$ _____
d. Utilities and telephone \$ _____
e. Clothing \$ _____
f. Laundry and cleaning \$ _____
g. Medical and dental payments \$ _____
h. Insurance (life, health, accident) \$ _____
i. School, child care \$ _____
j. Child and spousal support (prior marriage) \$ _____
k. Transportation and auto expenses \$ _____
l. Installment payments **[specify purpose and amount]**:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
m. Other expenses **[specify purpose and amount]**:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____
(5) _____ \$ _____
n. **MY TOTAL MONTHLY EXPENSES ARE:** \$ _____

7. I own the following property:

- a. Cash \$ _____
b. Bank, savings and loan and/or credit union accounts **[list name of financial institution and type of account, including credit card accounts and other credit line agreements. State current balance for each account and identify any available credit if applicable]**:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

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c. Cars, other vehicles and boat equity **[list make and year of each]:**

(1)	_____	\$	_____
(2)	_____	\$	_____
(3)	_____	\$	_____

d. Real estate equity **[list address of property]:**

(1)	_____	\$	_____
(2)	_____	\$	_____

e. Other personal property, e.g., jewelry, furniture, stocks, bonds, etc. **[list separately, using additional page if necessary]:**

(1)	_____	\$	_____
(2)	_____	\$	_____

f. Receivables **[list all receivables, including any money owed to you by another party, and describe why any stated receivable is reasonably unavailable to pay costs]:**

(1)	_____	\$	_____
(2)	_____	\$	_____

8. Other facts which support this application are **[describe unusual medical needs, expenses for recent family emergencies or other unusual expenses. Use additional page, if necessary]:**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Print or Type Name

Signature